Introduction

Samuel Merritt University's commitment to diversity, equity, and inclusion is expressed through its mission statement, "to educate students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities". Since the 1990s, the University has engaged in several successful initiatives to realize its commitment to diversity and inclusion.

Most recently, in light of the demographics of our local community and the vital role a diverse health care workforce plays in reducing healthcare disparities, the University has identified diversity as a strategic imperative. Diversity is now a core strategy imbedded in the ongoing work of the institution at all levels.


*Diversity Plan (2012-2015): Catalyst for Change* represents one step in a multi-year, multi-dimensional process; it is a map to guide SMU's actions as it moves diversity from the periphery to the center.

The definition of diversity at Samuel Merritt University is broad; it includes, but is not limited to, individual differences, such as personality, learning styles and life experiences, and group/social differences such as race and ethnicity, gender, gender identity, and sexual orientation, socioeconomic status, language, nationality, physical and mental abilities, political viewpoint, and religion (Adapted from ACC&U, 2009).

However, as a result of SMU's commitment to educate diverse health care professionals and its commitment to reflect the demographics of our region, in the short-term, the University will focus on recruiting and retaining students and faculty from under-represented groups, i.e. African-American, Hispanic and Latino.

Focus Areas and Goals

The Plan identifies five focus areas, goals and strategies that set a clear direction. The focus areas and goals are summarized below:

**Leadership**
Goals: A demonstrated capacity to foster a diverse and inclusive environment through modeling inclusive behaviors, advocating for a diversity agenda, and holding one's self and others accountable; and increased diversity in leadership.

**Campus Climate**
Goals: A campus that is welcoming, diverse, equitable, and inclusive with an institutional infrastructure that effectively monitors and evaluates progress.

**Recruitment, Retention, and Satisfaction of Students from Under-Represented Groups**
Goals: Increase enrollment for under-represented students to a target of at least 25% of the total enrollment by 2015 and increased retention/satisfaction.

**Recruitment, Retention, and Satisfaction of Faculty from Under-Represented Groups**
Goals: Increase the number of faculty from under-represented groups across all schools, departments, and programs and improve retention and satisfaction.
Teaching & Learning
Goals: Faculty and students will demonstrate and promote professional practices that are culturally responsive to the diverse needs of our communities; and students, staff and faculty will create a culturally competent learning and working environment that contributes to graduating culturally responsive students and improves interactions among all community members.

Implementation
Two new committees have been created to advance the strategic goal of "institutionalizing a diverse, equitable, and inclusive culture": the President's Diversity Advisory Council (PDAC) and the Diversity Assembly (DA). The PDAC is charged with implementing, assessing, and reporting on the progress of the Diversity Plan and the DA is an open membership forum for all faculty, staff, and students to engage in critical dialogues and make recommendations to the PDAC.

Conclusion
The intention for Diversity Plan (2012-2015): Catalyst for Change is to inspire innovative actions that create a culture of inclusion, innovation, and excellence. Accordingly, the expected outcomes of the Diversity Plan include:

• A strong sense of belonging for all campus members.
• Education of a diverse and culturally responsive healthcare work force and culturally competent leadership.
• Significant increases in the number of African-American, Hispanic, and Latino faculty and students.
• Executive and management levels that reflect the diversity of regional and local talent pools.
• Local, regional, and national recognition for reducing health care disparities by educating diverse and culturally competent healthcare professionals and for developing institutional capacity for innovation through exploring the intersections of professions, perspectives, and cultures.


Introduction
Since the 1990s, Samuel Merritt University has embraced diversity as a core value. In 2006, this commitment was restated through the revision of the University's mission, vision and values statement and, in 2009, when the University drafted its first Diversity Plan.

The Mission of Samuel Merritt University is "to educate students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities". Reflecting on the University's mission statement and its commitment to diversity and inclusion, President Diaz stated "Samuel Merritt University embraces the challenge of serving a more diverse mix of students, increasing diversity in the faculty and staff, and preparing our graduates to work with patients and practitioners from many different backgrounds."

Now, as SMU moves into its second century, the University's commitment to diversity, equity, and inclusiveness deepens. In recognition of the demographics of our local community and the crisis of healthcare disparities in racial and ethnic communities, the University understands that diversity needs to be a strategic imperative. Reflecting this new strategic emphasis, SMU hired its first Chief Diversity Officer and the Board of Regents added a new university strategic goal to the university's three-year plan, "to institutionalize a diverse, equitable, and inclusive culture".
Diversity Plan (2012-2015) sets a focused and strategic direction that honors the past, shapes present actions and creates a future where diversity and inclusion are a significant hallmark for Samuel Merritt University. In order to provide context, the Diversity Plan first provides a brief historical account of Samuel Merritt University's diversity and inclusion efforts. It then addresses the present, provides relevant definitions, and most importantly, identifies the focus areas and associated goals and strategies that will shift diversity work from the periphery to a core strategy imbedded in the ongoing work of the institution at all levels.

History

As early as the 1990s, Samuel Merritt University recognized the value of creating a more diverse university and developed several initiatives through the efforts of individual diversity champions. These initiatives included the following:

- In the mid-90s, Student Services established the formation of a Multicultural Group composed of faculty, staff, and students.
- In 1996 the Scholars in Service Program (SISP) was funded to offer financial aid and support services to selected African American and Hispanic/Latino undergraduate nursing students. To date, the University continues with $100,000 in annual scholarship support in order to prepare diverse health care professionals.
- In the 2000s, the University engaged in outreach to the local minority community, developed student medical missions to underserved communities outside the U.S, recognized and celebrated ethnic and cultural events, and offered educational panels and workshops on topics related to diversity, equity, and inclusion.

These efforts contributed to individual successes, but they did not substantially change the University's culture. As a result, a call from faculty, staff and students for more focused and meaningful action intensified over the past few years. Through the forum of Town Hall meetings, recommendations were made to increase diversity, formalize leadership, and devote resources to diversity and inclusion efforts.

In 2008, the Board of Regents charged SMU to "create a culturally diverse University," a charge that represented an important transition from ad hoc program development to implementing an institution-wide initiative. In response to the Regents' charge, the University created the Committee for Equity and Inclusion (CIE), conducted a comprehensive process of self-assessment, held campus forums, and administered various faculty, staff, and student climate surveys.

As a result of these initiatives, two areas were identified in need of attention:

- Enhanced recruitment and retention of faculty, staff, and students from the African-American and Hispanic/Latino communities, and
- The need to create a more equitable and inclusive campus climate at all levels through a process of engagement and learning.

In addition, the Capacity and Preparatory Review (CPR) report for WASC accreditation identified three institutional level action steps:

- Develop a statement regarding the University's commitment to diversity that is broadly accepted.
- Develop clear recruiting and hiring guidelines; policies, and procedures within Human Resources to better guide the University's efforts.
- Establish a task force to increase the diversity of faculty and recommend ways to better support diversity within the faculty.
In 2009, the President's Council, in collaboration with key stakeholders, developed a Diversity Plan that focused on four groups: university leadership, students, faculty, and staff. The Plan identified the challenges for each constituency and articulated goals and strategies for each constituency to meet those challenges. As a result of this effort, the University tracked the diversity of faculty, staff, students, and leadership, benchmarked its diversity against similar institutions, and recommended priorities, methods, and programs for SMU to increase its diversity.

The University also increased its resources for diversity initiatives. In 2009, the School of Nursing received grant money to hire a Director of Diversity at 0.40 FTE for three years to develop and coordinate diversity efforts within the School. In 2010, the University budgeted $42,500 to fund outreach/recruitment, training programs, and campus events, consistent with the goals of the 2009 Diversity Plan. Lastly, the President committed to providing additional resources to achieve defined diversity goals in future years.

**Present**

In April, 2011, the President demonstrated the university's commitment to provide resources to achieve the university's diversity goals with the hiring of the University's first Chief Diversity Officer (CDO) and the creation of the Office of Diversity & Inclusion (ODI) staffed by a .50 FTE Associate Director of Diversity.

The CDO was charged with evaluating and implementing SMU's Diversity Plan, developing recruitment strategies that will increase students and faculty from under-represented groups, and identifying retention strategies that will positively enhance the experience of diverse students and faculty. The CDO was also charged with developing diversity and inclusion policies, procedures, processes, and programs that will facilitate SMU's goal "to institutionalize a diverse, equitable, and inclusive culture".

**Future**

Building a diverse, equitable, and inclusive culture is challenging, rewarding, and critical for developing a vibrant 21st century urban university. Rather than identifying different challenges for the various constituencies, Diversity Plan (2012-2015) frames the work as a collective challenge, whereby; all members of the university community are responsible for university-wide goals and strategies. Each department, program, and division will identify action steps that align with the strategies and contribute to university-wide goals.

The intention of Diversity Plan (2012-2015): Catalyst for Change is to inspire inclusive and innovate actions that align with institutional priorities, link to academic excellence, reflect the heart of the institution, and serve a greater good. The greatest challenge in diversity and inclusion work is to develop a process and a product that results in sustainable change. Key to ensuring sustainable change is SMU's reflection upon two questions: why is "institutionalizing a diverse, equitable and inclusive culture" important to SMU and what does success look like? Diversity Plan (2012-2015) attempts to answer these questions.

Many documents and reports shaped the direction of this Plan: the 2009 Diversity Plan, SMU's Strategic Plan, WASC report, reports by Committee on Equity & Inclusion, grant applications, local community resources, research on health care and education, and most importantly, many rich individual and collective conversations.

A review of these sources revealed five reasons why creating a diverse, equitable, and inclusive culture matters to SMU.

- SMU recognizes that educating a diverse health care workforce is central to reducing health care disparities in racial and ethnic minority communities.
SMU values its connections and relationships in the local community and understands the importance of creating a university culture that reflects those communities.

SMU acknowledges that in order to thrive, it must be a community where each and every faculty, staff, and student feels a sense of belonging.

SMU commits to developing culturally responsive students to improve the quality of care for diverse communities; and to developing culturally responsive faculty, staff, and leadership to improve interactions in a diverse workforce and strengthen the university's capacity to navigate complex challenges.

SMU appreciates that diversity of thought and perspective leads to creativity, excellence, and innovation.

Success, framed as desired outcomes, includes:

- Significant increases in the number of African-American, Hispanic, and Latino faculty and students.
- Executive and management levels that reflect the diversity of regional and local talent pools; and leadership that is culturally competent.
- A strong sense of belonging for all campus members.
- Local, regional, and national recognition for reducing health care disparities by educating diverse and culturally competent healthcare professionals and for developing institutional capacity for innovation by leveraging differences and exploring intersections of professions, perspectives, and cultures.

The journey to realizing the desired outcomes of the Plan requires courage; it asks the university community, individually and collectively, to examine and question what we know and to embrace what we don't know. The Diversity Plan offers a map for this journey.

First, before describing the details of the Diversity Plan, it is important to understand how Samuel Merritt University defines diversity. (See Appendix A for additional definitions).

**Diversity**

We recognize that diversity is multidimensional and we respect the myriad of ways in which human beings are different. Therefore, like most institutions of higher education today, we have a broad definition of diversity including, but not limited to individual differences (e.g., personality, learning styles, perspectives, and life experiences) and group/social differences (e.g., race/ethnicity, class, gender, gender identity, sexual orientation, socio-economic status, physical and mental abilities, country of origin, as well as cultural, political, religious, or other affiliations) that can be engaged in the service of learning (Milem, Chang, & Antonio, 2005).

**Inclusion**

We also recognize that the benefits of diversity are not automatic and do not simply occur by attaining a diverse campus. Researchers stress that institutions must become inclusive places by working in intentional ways to increase educational benefits for students and for the institution as a whole (Milem, Chang, & Antonio, 2005).

Accordingly, Samuel Merritt University adopted AAC&U's definition of inclusion, the "active, intentional, and ongoing engagement with diversity—in people, in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural, geographical) with which individuals might connect—in ways that increase one's awareness, content knowledge, cognitive sophistication, and empathic understanding of the complex ways individuals interact within systems and institutions" (Milem et. al, 2005).
The University acknowledges that real gaps currently exist in the demographics of our student and faculty body. In order to create a university that reflects our local and regional communities and contributes to reducing health care disparities through education of diverse health care professionals, we must focus on particular dimensions of diversity. Accordingly, in the short-term, SMU is committed to recruiting and retaining African-American, Hispanic and Latino students and faculty and to providing opportunities for professional advancement and leadership roles to staff that reflect this diversity.

Focus Areas, Goals, and Strategies

Through a synthesis of reports, conversations, and research, five focus areas surfaced: Leadership, Campus Climate, Recruitment, Retention, and Satisfaction of Students from Underrepresented Groups, Recruitment, Retention, and Satisfaction of Faculty from Underrepresented Groups, and Teaching & Learning. Action steps will be identified by the individual schools, programs, and divisions.

LEADERSHIP

Goal I

A demonstrated capacity to foster a diverse, equitable, and inclusive environment through modeling inclusive behaviors, developing political skills for advocating a diversity agenda, and holding one's self and others accountable.

Strategies

1. Develop culturally competent leadership, such as developing awareness to one's own racial and cultural heritage and gaining understanding about how oppression, racism, and discrimination, and stereotyping affects them personally and their work.
2. Engage with communities that are underrepresented at SMU.
3. Involvement in SMU diversity initiatives.
4. Place equity, inclusion and diversity in every message to the campus, the state and the community.
5. Examine institutional policies and practices for exclusionary impacts.

Goal II

Increase demographic diversity in university's leadership.

Strategies

1. Conduct national searches for all key administrative positions.
2. Build succession planning that includes the development of middle managers from under-represented groups.
3. Clarify and articulate board mission, policies and strategies.
4. Maintain database of potential board members from diverse groups.
5. Take advantage of local programs to build relationships and networking opportunities; specifically, develop relationships with leadership of minority communities.

CAMPUS CLIMATE

Goal I

A campus climate that is diverse, equitable, and inclusive for all faculty, staff & students.
Strategies

1. Implement professional development programs for faculty, staff, and students cultural competence, inclusiveness, and accountability.
2. Include accountability for cultural responsiveness and diversity engagement on performance evaluations for faculty, administrators, leadership, supervisors, staff & student faculty evaluations.
3. Develop a reporting process for bias-motivated incidents, and ensure that the institution is prompt and proactive when possible, in addressing bias incidents involving students, faculty, and staff.
4. Ensure that all faculty, staff, and students are aware of, support, and demonstrate adherence to the University's policies and complaint procedures on non-discrimination, anti-harassment, and equity.

Goal II

An institutional infrastructure, administered at appropriate intervals that will effectively monitor and evaluate progress in achieving a diverse, equitable, and inclusive working and learning environment.

Strategies

1. Develop a baseline for where SMU is relative to diversity and inclusion efforts as of Dec. 2011.
2. Develop a national benchmark survey of similar institutions that will assess behaviors critical to an inclusive culture.
3. Institutionalize the use of campus diversity climate research with longitudinal quantitative and qualitative data to determine effectiveness of campus climate strategies in the Diversity Plan.
4. Develop institutional "report cards." Identify goals for SMU benchmarks.

RECRUITMENT, RETENTION & SATISFACTION OF STUDENTS FROM UNDER-REPRESENTED GROUPS.

Goal 1

Increase enrollment for under-represented students to a target of at least 25% of the total enrollment by 2015 through effective and innovative recruitment strategies.

Strategies

1. Determine formula for diversity contribution of individual programs.
2. Develop, in collaboration with community agencies, innovative "pipeline" strategies to motivate young people from underserved populations to pursue study in the health professions.
3. Partner with local schools and community colleges in the development of programs for underrepresented students that promote higher education preparedness, with a specific focus on health care professions.
4. Develop an integrated marketing plan and communication and outreach efforts, including web presence that speaks directly to potential students (and their families) from underrepresented communities and cultures.
5. Identify and minimize barriers that prevent admission to qualified applicants from underrepresented groups.

Goal II

Increase retention and satisfaction of under-represented students.

Strategies
1. Institute a Multicultural Center.
2. Develop strategies for increasing capacity to support students at both graduate and undergraduate level, through creative approaches to financial aid, endowed scholarships, and external grants.
3. Survey graduating students.
4. Enhance academic support services.

RECRUITMENT, RETENTION & SATISFACTION OF FACULTY FROM UNDER-REPRESENTED GROUPS.

Goal I

Increase the number of faculty from under-represented groups across all schools, departments, and programs.

Strategies

1. Develop innovative and effective recruitment strategies and outreach initiatives that will increase the number of faculty from under-represented groups across all schools, departments, and programs.
2. Review individual recruitment and selection processes across departments, programs, and divisions to identify best practices and systemic challenges.
3. Develop faculty pipeline by making diversity a priority.
4. Develop Opportunity Hire Policy (Hire for Excellence)

Goal II

Increase retention and satisfaction of faculty from under-represented communities.

Strategies

1. Educate academic leadership and faculty on effective retention strategies for faculty from under-represented groups.
2. Develop a Diversity Scholar-in-Residence program/President's Diversity Post-Doc Fellowship Program.
3. Develop faculty-mentoring program

TEACHING & LEARNING

Goal I

Faculty and students will develop, demonstrate, and promote professional practices that recognize, respect and are responsive to the diverse needs of our communities.

Goal II

Students, staff and faculty are responsible for a learning environment that prepares graduates to be culturally responsive to the needs of our diverse world.

Strategies

1. Convene Inter-Professional Diversity Education Taskforce (IDET), comprised of faculty and ESS to identify effective and appropriate strategies.
**Implementation**

To achieve maximum effectiveness, the implementation of Diversity Plan (2012-2015) requires a decentralized process, moving the work from a level of abstraction to a place of operational definition and action. To accomplish this, each academic discipline and administrative division, herein referred to, as "units", will identify specific short-term and long-term action steps that align with the strategies and contribute to achieving institutional-wide diversity goals. Local implementation will allow campus stakeholders to determine the meaning of a diverse, equitable, and inclusive university from their own perspectives, creating a sense of ownership that increases the likelihood of sustainable change.

To support local implementation, two new infrastructures were created: the President's Diversity Advisory Council (PDAC) and the Diversity Assembly (DA). The charge to the PDAC is to make recommendations to the President regarding best practices for implementing, assessing, and achieving accountability for the institutional-wide goals of the SMU Diversity Plan. Examples include establishing structures, processes, and policies that hold all units accountable; developing processes for rewarding units and individuals for demonstrating progress in advancing diversity and inclusion initiative; and ensuring that diversity and inclusion permeate all policies, practices, programs, services, and procedures. The composition of PDAC will be representative, have a learning orientation, and include decision makers.

Complementing and partnering with the President's Diversity Advisory Council is the Diversity Assembly (DA), an open membership forum for all faculty, staff, and students to voice ideas, engage in critical dialogues, and make recommendations to the President's Diversity Advisory Council. The DA will meet quarterly and will be co-chaired by two staff members and a faculty member. Both the President's Diversity Advisory Council and the Diversity Assembly will be responsive to immediate needs, such as designing interventions that promote learning when diversity-related controversies arise.

**Conclusion**

*Diversity Plan (2012-2015): Catalyst for Change* is an action-oriented plan that will realize the University's commitment to "institutionalize a diverse, equitable, and inclusive culture". The Plan highlights the importance of recruiting and retaining students and faculty from under-represented communities and the value of creating culturally competent faculty, staff, and students. Most critically, the Plan connects the University's aspirations to the larger societal goal of reducing health care disparities through educating diverse health care professionals and identifies engagement with diversity as a pathway for strengthening a culture of innovation, excellence, and service.

Achieving the goals of the Diversity Plan is a dynamic process, requiring a stance of openness and curiosity, a willingness to learn, and compassion for each other. Samuel Merritt University will succeed by cultivating the capability, confidence, and courage to engage issues of diversity, equity, and inclusivity openly and honestly.

**APPENDIX A**

**Definitions**

*Bias-motivated behavior*
Bias motivated behavior includes intentionally or unintentionally directing any harmful or hurtful word or action toward an individual or group based upon actual or perceived identity characteristics including: race, religion, national origin, sexual orientation, ethnicity, culture, social economic status, gender identity, cognitive, physical, or developmental ability, immigration status, military or veteran status, age, size,
and/or shape. Behavior may cause psychological, emotional, spiritual, and/or physical harm not only to those who experience the incident, but also to members of the group to which they belong.

**Culture**
An integrated pattern of learned core values, beliefs, norms, behaviors, communications, customs, and institutions of a racial, ethnic, religious or social group. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices and needs presented by members of the organization and by patients and their communities (Adopted from the California Endowment).

**Cultural Competence**
A set of congruent behaviors, attitudes, knowledge, skills, and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations and specifically, enables a health care professional or organization to care effectively for patients from diverse cultures, groups and communities (Adapted from the California Endowment).

**Culturally Responsive Care**
Provides care centered on the client's cultural perspectives, integrates the client's values and beliefs into the plan of care, and develops a partnership with the client in a caring and respectful relationship that honors the client's differences and perspectives.

http://minorityhealth.hhs.gov

**Equity**
SMU recognizes the importance of creating opportunities for faculty and students from historically under-represented communities to have equal access and success in educational and professional development programs. Equity also represents a fundamental premise in health care: access and quality should not vary because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status.

**REFERENCES**


Milem, Change & Antonio (2005).

Milem, Change & Antonio (2005).

Definition of bias in Appendix A